FEDERAL COMMUNICATIONS COMMISSION Washington, DC 20554

Approved by OMB 3060-0076 Est. time per response: 1 hour

COMMON CARRIER ANNUAL EMPLOYMENT REPORT

[Please read instructions before completing and for Notice regarding public burden.]

SECTION 1 - General Inform	matio	n			[i lease lead	manuchons be	elore comple	and for N	olice regarding	g public burd	en.j						
Name and Mailing Address	ss of I	Respondent			, , , , , , , , , , , , , , , , , , ,					1 100				1			
Huxley Communications Cooperative 102 N. Main Avenue, PO Box 36													Check here if this				
Huxley, IA 50124													is	is a change of address.			
	24									-				au	uress.		
. m. de 20 100			Reportin Period C	g Period (End Covered by Re	ding Date of P	ay ay		4. Number	of Full-Time E g Period (chec								
2016			3-31-		5,000		a. D F	ewer than 16 (6 or more (con									
SECTION II - Full-Time Emp	oloye	es.															
			Number of Employees (Report employees in only one category)														
Job Categories			Race/Ethnicity														
			anic or		Not-Hispanic or Latino												
		Latino				М	ale						Total Columns				
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N	
		А	В	С	D	E	F	G	Н	1	J	К	L	М	N	0	
Executive/Senior Level Officials and Managers	1.1			1												1	
First/Mid-Level Officials and Managers	1.2			2						1						3	
Professionals	2			1												1	
Technicians	3			5												5	
Sales Workers	4															0	
Administrative Support Workers	5									3						3	
Craft Workers	6			3												3	
Operatives	7															0	
Laborers and Helpers	8															0	
Service Workers	9															0	
TOTAL	10	0	0	12	0	0	0	0	0	4	0	0	0	0	0	16	
PREVIOUS YEAR TOTAL	11	0	0	11	0	0	0	0	0	1	0	0	0				

SECTION III - Part-Time En	ploye	es.														
		Number of Employees (Report employees in only one category)														
Job								(report omp	Race/Ethnicit		у)					
Categories		Hispanic or Latino		Not-Hispanic or Latino												
				Male Female												Total Columns
		Male	Female	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	White	Black or African American	Native Hawaiian or Other Pacific Islander	Asian	American Indian or Alaska Native	Two or more races	A - N
E		А	В	С	D	E	F	G	Н	- 1	J	К	L	M	N	0
Executive/Senior Level Officials and Managers	1.1															0
First/Mid-Level Officials and Managers	1.2															0
Professionals	2															0
Technicians	3															0
Sales Workers	4															0
Administrative Support Workers	5															0
Craft Workers	6															0
Operatives	7															0
Laborers and Helpers	8															0
Service Workers	9															0
TOTAL	10	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
PREVIOUS YEAR TOTAL	11	0	0	0	0	0	0	0	0	0	0	0	0	0	0	0
SECTION IV - Report of Disc	rimina	tion Compla	ints Pursuar	t to 47 CFF	R 22.321, 23.55	, 90.168, 101.	4, and 101.3	11.								
This is to advise to company before a This is to advise to (Attach a list indice	ne Cor	mmission that	t the following	complaints	alleging violation	ons of the pro-	r year covere	d by this repo	rt.							
(Attach a list indic	uniy k	Jarues IIIVOIVE	ou, uate filed,	courts or ag	jencies before v	wnich the mat	er has been	heard, file nun	nber or other o	designation,	and current st	atus or dispos	ition.			
certify that to the best of my k	nowle	dge, informat	ion, and belief	, all stateme	ents in this repo	ort are true and	d correct.	,								
Date	Typed	ped or Printed Name of Person Signing Signature														
	GA	RY A.	CLARK	7	Cuy & Call (515) 597-2281											
Title of Person Signing GENERAL MANA	WILLFULLY FALSE STATEMENTS MADE ON THIS FORM ARE PUNISHABLE BY FINE AND/OR IMPRISONMENT (18 U.S.C. 1001) AND/OR REVOCATION OF ANY STATION LICENSE OR CONSTRUCTION PERMIT (47 U.S.C. 312 (A)(1) AND/OR FORFEITURE (47 U.S.C. 503).											OCATION				